

PO9000006570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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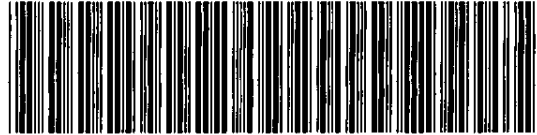
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/09--01010--007 **78.75

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09 JAN 20 AM 11:42
COMMERCIAL
JAN 20 2009

[Handwritten signature]

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Finca 6 Palmas Inc.,

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Armando D Mitat

Name (Printed or typed)

19620 SW 240th Street

Address

Homestead, Florida 33031

City, State & Zip

305-720-5976

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Finca 6 Palmas Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

19620 SW 240th Street
Homestead, Florida 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Farm. For the purpose of selling specialized Tropical Fruit and Tree.

ARTICLE IV SHARES

The number of shares of stock is:

Privately own 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Armando D Mitat and Nelly Mitat [owners]
19620 SW 240th Street
Homestead, Florida 33031

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Armando D Mitat
19620 SW 240th Street
Homestead, Florida 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Armando D Mitat
19620 SW 240th Street
Homestead, Florida 33031

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Armando D Mitat Armando D. Mitat
Signature/Registered Agent

1/16/09
Date

Armando D Mitat Armando D Mitat
Signature/Incorporator

1/16/09
Date

Nelly Mitat Nelly Mitat

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09 JAN 20 AM 11:42
CLERK OF THE STATE
OF FLORIDA
HOMESTEAD